

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| | | |
|--|---|--|
| 1. (a) NAME OF COMMITTEE IN FULL | <input type="checkbox"/> (Check if name is changed) | 2. DATE |
| REFORM PARTY OF THE UNITED STATES OF AMERICA INC. | | |
| (b) Number and Street Address | <input checked="" type="checkbox"/> (Check if address is changed) | 3. FEC Identification Number |
| P.O. Box 263 | | C00331314 |
| (c) City, State and ZIP Code | 4. Is This Report An Amendment? | |
| CEDAR KEY FL 32625 | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

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COMMISSION MAIL ROOM

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5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

| | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|

- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a NATIONAL committee of the Reform Party party. (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|--|-----------------------------|
| Reform Party 2000 CONVENTION COMMITTEE | P.O. Box 123 Fieldale, VA 24089 | CONVENTION COMMITTEE |

Type of Connected Organization

Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

(540) 673-7693

RONALD YOUNG P.O. Box 123 Fieldale, VA 24089 TREASURER

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

Mailing Address

Title or Position

(540) 673-7693

RONALD YOUNG P.O. Box 123 Fieldale, VA

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address and ZIP Code

PATRICK HENRY NATIONAL

**4 E COMMUNICATOR BLVD
MARTINSVILLE, VA**

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER

SIGNATURE OF TREASURER

RONALD YOUNG

DATE

2/4/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.